Source: Transaid

ACCIDENT/INCIDENT FOLLOW UP REPORT

ACCIDENT/INCIDENT REFERENCE NUMBER ______

VEHICLE REGISTRATION ______

DATE OF ACCIDENT/INCIDENT ______

ATTACHMENTS (To be received within 7 days of the above date)	**CHECK**
1 FORM 9 ACCIDENT/INCIDENT REPORT (2 Sheets)	
2 TRIP AUTHORITY (Copy)	
3 VEHICLE OPERATOR'S LICENCE (Copy)	
4 POLICE CASE REPORT (Copy)	

FOLLOW UP CODES TO BE USED ON SUBSEQUENT PAGES

1 Attachments received - progress
2 Police informed - progress
3 Insurance Company notified - progress
4 Condition and Location of injured - progress
5 Notification of relatives of injured - progress
6 Contact with other vehicle owner(s) - progress
7 Contact with witnesses - progress
8 Notification to relevant parties internally - progress
9 Distribution of document copies - progress
10 Safe keeping of vehicle equipment, keys etc.
11 Cancellation of any cards , notification of issuers
12 Arrange and follow up on repairs - progress
13 Follow up with Vehicle Operator : discipline, training - progress
14 Conclusion - progress

OFFICER RESPONSIBLE FOR FOLLOW UP

NAME ______________________

DATE REPORT OPENED ______________________

ACCIDENT/INCIDENT FOLLOW UP REPORT

DATE	FOLLOW UP CODE	COMMENTARY

SPECIMEN